



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Texas Health dba Injury 1 of Dallas

**Respondent Name**

Hartford Insurance Company of

**MFDR Tracking Number**

M4-14-0615-01

**Carrier's Austin Representative**

Box Number 47

**MFDR Date Received**

October 21, 2013

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "per DWC Rule 133.304, an insurance carrier shall take final action on a medical bill not later than the 45<sup>th</sup> day after the date the insurance carrier received a complete medical bill."

**Amount in Dispute:** \$559.54

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** Written acknowledgement of medical fee dispute received however, no position statement submitted.

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 25, 2013	Professional Services	\$559.54	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Labor Code §133.20 sets out requirements for medical bill submission by health care providers.
3. 28 Texas Administrative Code §133.240 sets requirements for medical payments and denials.
4. No explanation of benefits was included with medical fee dispute request.

**Issues**

1. Did the requestor support the submission of a clean claim in a timely manner?
2. Is the requestor entitled to reimbursement?

**Findings**

1. 28 Texas Labor Code §133.20 (a) states, "The health care provider shall submit all medical bills to the insurance carrier except when billing the employer in accordance with subsection (j) of this section. (b)

Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation." Review of the submitted information finds;

- a. Claim listed on medical bill is: CCMSI, 13601 Preston Rd, Suite 313 West, Dallas, TX 75240
- b. Fax sent to same carrier on August 30, 2013

The information shown on the medical bill is contrary to information shown in the Texas Compensation System, <https://txcomp.tdi.state.tx.us/TXCOMPWeb/common/home.jsp>. Therefore, the information submitted does not support the requestor's position.

- 2. 28 Texas Administrative Code §133.240(a) states, "An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to make or deny payment on a bill is not extended as a result of a pending request for additional documentation." As the information on submitted medical claim indicates a carrier that is not on file for this claim, the above rule will not be considered.
- 3. The documentation submitted with the Medical Fee Dispute does not support Division guidelines therefore, no reimbursement can be recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

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Signature	Medical Fee Dispute Resolution Officer	Date

### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**